ENTRY BLANK—PLEASE TYPE OR PRINT
Ms./Artist Mr./Artist LUCAS, CRAIG (last name last)
Permanent Address 2/9 S. HN COLN ST. KENT City OH
44240 Daytime Tel. (2/6) 678-8927
Temporary or Studio Address FRANKLIN ITAL K.S.C. Street City
49292 Daytime Tel. (2/6) 672 2260 Zip area
If you do not presently live in one of the counties of the Western Reserve, in which county where you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist at artist's expense:
Street
City State Zip
Special Instructions
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.
When necessary, include instructions or a drawing for assembling and displaying an object.
Note carefully the dates for both delivery and return of objects. It is

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Cay Cos

I have received the unsold/unaccepted object(s) in good condition.

Signature Caro N. Tuss

NOT ACCEPTED

DATE

NOT ACCEPTED